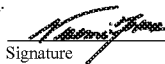



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/282,229
	Filing Date	March 31, 1999
	First Named Inventor	Forin, et al
	Group Art Unit	2194
	Examiner Name	A. Ho
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	116650.05

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (\$1500.00 total fee) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Appeal Brief <input checked="" type="checkbox"/> Request for Oral Hearing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> electronically deposited with the USPTO on the date shown below to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____. January 6, 2006 Date		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.
<div style="display: flex; justify-content: space-between;"> <div>  Signature Noemi Tovar Printed Name </div> </div>		

SIGNATURE OF ATTORNEY OR AGENT					
Signature		Reg. No.	38,222		
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